

RFP DMS 2010-01

Medicaid Provider Representative

QUESTIONS AND ANSWERS

Question # 1:

Section 1.4, page 5 – Would you please clarify to what degree the provider relations representative will assist or guide with billing practices?

Answer: The representative assists in situations such as education about using the correct code for services (example – EPSDT well child screen procedure code rather than an evaluation and management code).

Question # 2:

Section 1.4, page 5 - Please comment on the potential systems and data/information interfaces or needs between the Medicaid Provider Representative, Medicaid Beneficiary Relations and NET Administration, Medicaid Data Mining and Program Evaluation, and Medicaid Quality Improvement contracts/contractors. For example, the Provider Representative contractor may need information or data from the other contracts to assist in their work with providers.

- How will the Medicaid Provider Representative contractor receive this information?

Answer: The State will be the central point of contact but contractors will be expected to communicate with one another.

- How is communication with the other contractors for needed information/data to be handled—may contractors contact each other or will all requests for information/data need to go through DHS?

Answer: Contractors may contact one another but DMS should be included in correspondence.

- How will compatibility of data from contractor to contractor be assured?

Answer: Data will have the same source, MMIS.

- What guarantees of access are given to the Medicaid Provider Representative contractor to ensure timeliness/accuracy of deliverables to enable the contractor to maintain its performance?

Answer: The contractor will have access to necessary data. Methods of provision may be determined after contract award.

Question # 3:

Section 1.4, page 5 refers to distribution of communications and newsletters. How does DHS DMS propose to handle postage for distribution of these

materials? Is it the intent that the contractor include postage costs in their price proposal or, for simplicity, could postage be a pass-through to DHS?

Answer: Respondent should include postage and distribution costs in price proposal.

Question # 4:

Section 1.4, paragraph 4, bullet 13, page 5; and Appendix D, Program Deliverable B, Performance Indicator 1, Acceptable Performance a, page 41 - The acceptable performance to the scope of service states "PCP caseloads reassigned within forty (40) working days of notification that a change is necessary."

- What level of authority will be given to the Provider Relations contractor enabling them to meet the forty (40) days?
Answer: The respondent should address planned approach in technical proposal.
- Does DMS consider the contractor a facilitator of the requirement or as fully responsible party with full access to all tools required to accomplish (with DMS approval) the reassignment of caseloads or does DMS consider the contractor to have some other level of authority?
Answer: The respondent should address planned approach in technical proposal.
- If DMS considers the contractor to have some other form of authority for this requirement, what level of authority does DMS propose to give the contractor that allows for full capability to meet the forty (40) working day requirement?
Answer: The respondent should address planned approach in technical proposal.
- What Information system will the Provider Relations contractor be given access in order to fully complete PCP caseload reassignment?
Answer: DMS and contractor may determine after contract is awarded.

Question # 5:

Section 4.1, page 14 - In reference to the statement "the respondent shall include four electronic copies of the Technical Proposal (disks) in Microsoft readable format," does the Microsoft readable format portion refer to Microsoft Office applications specifically or does it encompass anything that Microsoft Operating Systems can execute, such as Adobe applications (pdf)?

Answer: It refers to Microsoft Office applications.

Question # 6:

Section 4.1, page 14 - In reference to the statement "the respondent shall include four electronic copies of the Technical Proposal (disks) in Microsoft

readable format,” does the Microsoft readable format portion encompass any or all of the following Microsoft Office applications:

Microsoft Word – 2003

Microsoft Excel – 2003

Microsoft InfoPath – 2003

Microsoft PowerPoint – 2003

Answer: All of the Microsoft Office applications.

Question # 7:

Section 4.2.5, page 17 - The language here says, “...**should** not exceed three pages.” Is there an upper limit to the number of Executive Summary pages?

Answer: Yes, three pages.

Question # 8:

Section 4.2.8, page 19 reads, “The respondent’s proposal shall identify key personnel as well as all staff proposed to meet the requirements of the RFP.”

- What is the definition of key personnel?
Answer: Key personnel are those persons with decision making responsibilities related to the contract and those persons with expertise critical to the function of the contract.
- Are key personnel required to be 100% dedicated to this contract?
Answer: The respondent is required to indicate the full time equivalency of key personnel associated with the contract. Key personnel are required to dedicate at a minimum the FTE included in the proposal.

Question # 9:

Section 4.2.8, page 19 - Is there a difference in evaluation points for actually having the staff on payroll versus a promise of recruitment and/or future employment?

Answer: It is at the evaluator’s discretion.

Question # 10:

Section 4.3.3, page 20 and Section 5.1.3, page 21- Section 4.3.3 requires respondents to “include a cost analysis to support the reasonableness of the price”; however, Section 5.1.3 does not include any evaluation of price reasonableness. How does the State intend to evaluate price reasonableness and to what extent will this be a component part of the cost proposal evaluation to prevent unrealistic pricing from winning the contract?

Answer: A cost analysis is required to support the price, including the reasonableness of the price, but the cost analysis will not receive a point score, only to justify the price.

Question # 11

Section 4.3.3, page 20, states “Services provided under this contract will be reimbursed based on the following method: Actual Cost Reimbursement. Contractor will not receive any other payment.” Please explain what these statements mean?

Answer: The contractor will invoice and be paid actual costs of providing required services.

Question # 12:

Section 3.17, page 12; section 5.1.4, page 22; and section 5.3, page 23 - Section 3.17 states “If a contract is awarded, it shall be awarded to the respondent whose proposal is determined to be most advantageous to DHS based on the selection criteria, not necessarily the lowest price.” Section 5.3 states “The contract will be awarded to the respondent that provides the most effective solution for the price quoted, not necessarily the one with the lowest cost.” Section 5.1.4 states, “...the Issuing Officer or designee shall add the points for the Technical Proposal to the points for the Cost Proposal and shall rank the proposals from the highest to lowest according to total points.” Does 3.17 allow for selection of a technically superior proposal with a realistic cost, even if the total point calculation found in Section 5.1.4 is lower or will the contract be awarded strictly based on the highest overall score?

Answer: The contract will be awarded based on the highest overall score.

Question # 13:

Attachment D, Program Deliverable C, Performance Indicator 2, page 41 - How many ad hoc projects does DHS DMS estimate the contractor to perform and what is the relative size/scope of those projects?

Answer: DMS estimates two per contract year, size and scope unknown.

Question # 14

Attachment E, page 43 and Section 4.3.3, page 20 - Is DHS/DMS asking for a price that would remain unchanged for 7 years? Are there provisions for a cost of living adjustment at each renewal year (or any other form of adjustment)?

Answer: Yes – the price will remain unchanged unless there is an amendment to the contract. There are no provisions for a cost of living adjustment.

Question # 15

General - Will the Provider Relations contractor be given access to DSS?

Answer: No. The contractor may request the information through DMS.

Question # 16

General - There will be a new MMIS (implying a new DSS, also) that will rollout after the award of this contract. How will additional compensation (for training, etc.) associated with these new software systems be provided by the State or the MMIS vendor?

Answer: No additional compensation will be provided.

Question # 17

General – The numerous undefined requirements in Section 1.4 and Appendix D (e.g., ad hoc projects and reports, at least, as needed, as requested, and by request) present challenges in establishing criteria for cost reasonableness. Please provide an estimate of the magnitude of unspecified ad hoc and other requests so offerors may more accurately scope and price their proposals?

Answer: We estimate two ad hoc projects each year. Size and scope are undetermined at this time.

Question #18

4. 1.1 It is our understanding that currently, selected specialty physicians include: General Surgery, OB GYN, Gastroenterology, Orthopedics and ENT. Is this correct? If not, please identify the current selected specialties.

Answer: Yes.

Question # 19

5 1.4 How many PCPs in the state have a caseload of 300 or more and what is the distribution throughout the state?

Answer: Approximately 450, distribution unknown at this time.

Question # 20

5 1.4 How many hospitals are enrolled in Primary Care Case Management?

Answer: Hospitals do not enroll in Primary Care Case Management. The current vendor visits approximately 80 hospitals each quarter.
How many PCPs are enrolled in Primary Care Case Management?

Answer: Approximately 1700
How many selected specialty physicians are enrolled in Primary Care Case Management?

Answer: Current contractor reports visiting approximately 450 specialty physicians each quarter (approximately 200 clinics)

Question # 21:

5 1.4 What medium does Arkansas Medicaid currently use for electronic provider communications?

Answer: Web or remittance advice

Question # 22:

5 1.4 Does the PCP Medicaid Information System include a case management module or case management functionality?

Answer: No

Question # 23:

5 1.4 Does Arkansas Medicaid have existing provider communication tools in place? If yes, please specify type, method and frequency of distribution.

Answer: Quarterly newsletter in print to approximately 3000 providers.

Question #24:

5 1.4 Is Arkansas Medicaid currently using a PCP Best Practice Guideline? If yes, were the guidelines developed by Arkansas Medicaid or another source and are these guidelines available to potential bidders?

Answer: No

Question # 25:

5 1.4 Can the Department provide examples of recent quarterly, annual and ad hoc reports?

Answer: Examples of quarterly reports can be made available electronically.

Question # 26:

5 1.4 Can the Department provide example of recent physician education materials and describe the current frequency and method of distribution? If hardcopy materials are distributed via USPS, what volume and frequency could be expected?

Answer: Provider education packets are distributed quarterly as is the provider newsletter. The packets are currently distributed in CD form by provider representative, but respondent should describe planned approach in proposal. Currently, approximately 3000 copies of the quarterly newsletter

are distributed by mail, but respondent should describe planned approach in proposal. Electronic copies of examples can be made..

Question # 27:

40 Attachment D

(A) Program Deliverables (b,d) b.) What is the distribution of the Medicaid participating Primary Care Physicians throughout the state?

d.) What is the distribution of the selected specialty physicians throughout the state?

Answer: See questions #20 and 21.

Question # 28:

Section 2.1

Amendment 1 There is a short timeframe between the projected date of the responses and the closing date for receipt of the proposal. Also, the Thanksgiving Holiday falls within this short timeframe. Would the Department consider extending the closing date for receipt of proposals for two weeks?

Answer: We have already extended the closing date once and we are unable to again.

Question # 29:

Section 2.1

Amendment 1 We are concerned about successful courier delivery of the proposal prior to the required 11:00 a.m. delivery time the Monday after Thanksgiving. Will the Department consider extending the deadline to close of business that day or the following day, Tuesday?

Answer: I have confirmed with FedEx that they will be open on their regular schedule except Thanksgiving Day.

Question # 30:

Is there an incumbent vendor providing this service?

Answer: Yes

a. If so, who is the vendor

Answer: Arkansas Foundation for Medical Care

b. Why is the RFP out for bid?

Answer: The current Contract has expired (See also the Purpose stated in the RFP).

Question # 31:

If there is no incumbent vendor, what factors are driving the RFP?

Answer: See answer to Question #30.

Question # 32:

Have there been discussions about the future of this RFP's services if the State of Arkansas moves to a Managed Medicaid Model?

Answer: No

a. Is it likely that these services would be displaced under a Managed Medicaid Model?

Answer: See answer to Question #32.

Question # 33:

In order to calculate estimated travel budgets for high volume providers with 300 or more patients, please provide a count by zip code of providers with 300 or more patients to allow mileage calculation and travel time for the site visits.

Answer: Information unavailable in requested format.

Question # 34:

In order to calculate estimated travel budgets for all providers, please provide a count by zip code of all providers to allow mileage calculation and travel time for the site visits.

Answer: Information unavailable in requested format.

Question # 35:

The RFP requires that services be delivered from Pulaski County.

a. Does this mean that remote provider relations personnel cannot be utilized within other regions of the State of Arkansas to mitigate costs and improve response time?

Clarification: The "Purpose" of the RFP states "The contractor must conduct activities related to this contract from an office located in Pulaski County, Arkansas. The "Scope of Service of the RFP states "The contractor must conduct activities related to this contract from an office located in Pulaski County, Arkansas and have operating hours during the State business days and times." The intent of this language is that the contractor must have a physical presence in Pulaski County, Arkansas, in which key personnel, decision makers, or both, are located.

Answer: No.

b. Or Would DHS prefer every person conducting site visits be located in Pulaski County?

Answer: See answer to Question #35 a.

c. Will the contractor be allowed to provide support services such as Information Technology, Data Analytics, and Call Center overflow outside Pulaski County or in another state?

Answer: See Answer to Question #35 a.

d. Will the contractor be allowed to enter into Subcontracts for services to be provided outside Pulaski County or in another state?

Answer: Yes

Question # 36:

Page 6 notes that “75% of the total costs of this program or project will be financed with federal money”.

Answer: It states it is estimated that 75% will be financed with federal money.

- Have the funds already been appropriated for this initiative?

Answer: No, but this is a mandated service.

- What is the source of this funding?

Answer: Centers for Medicare and Medicaid Services.

- Please identify the source of the remaining 25% of funds.

Answer: State General Revenue.

- Will the contractor be required to adhere to the Department of Labor Wage Determinations under the Service Contract Act?

Answer: The McNamara-O'Hara Service Contract Act (SCA) applies to every contract entered into by the United States or the District of Columbia, the principal purpose of which is to furnish services to the United States through the use of service employees. The United States government is not a party to this contract.

Question # 37:

Section 4.2.10 Financial Disclosure lists the requirements for financial reports. If the company bidding is not publicly held company, are Audited Financial Statements still required? Is there any other documentation of good financial standing that DHS would accept?

Answer: Yes, Audited Financial Statements would still be required but the respondent has the opportunity to designate the Audited Financial Statements as confidential under Arkansas law, pursuant to the terms in the RFP. If there

appears to be a valid basis for the claim of confidentiality, the materials will not be released.

NOTE: ANY CONFIDENTIAL, PROPRIETARY, COPYRIGHTED, OR FINANCIAL MATERIAL SUBMITTED BY RESPONDENTS MUST BE MARKED AS SUCH AND SUBMITTED UNDER SEPARATE COVER.

Question # 38:

Is Attachment C the format for the cost analysis required under Section 4.3.3 Price as well as the format for the professional/consultant services contract?

Answer: No, Attachment C is only the contract form that will be used. There is no format attached for your cost analysis.

Question # 39:

Section 4.3.3 Price on page 20 of 46 states “the proposed price shall include the services and requirements described in this RFP.” The contractor is required to prepare the cost proposal using Actual Cost Reimbursement as the reimbursement method. Since the initial term of the contract will be for one year, will the contractor be reimbursed for initial start up costs in year one?

Answer: See Answer to Question #11. The cost of the transition will not be reimbursed.

Question # 40:

Given the bidder’s experience with Medicaid RFP’s, with there be a requirement for a readiness review conducted by the state prior to the contract go live date? If a readiness review is required, will the state reimbursement actual costs associated with preparation for the readiness review?

Answer: No